

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/635653

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			1/11/05					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				61						
2							62						
3							63						
4							64						
5		1		1			65						
6		1		1			66		1				
7		1		1			67		1				
8		1		1			68		1				
9		1		1			69		1				
10		1		1			70						
11		1		1			71						
12		1		1			72						
13		1		1			73						
14		1		1			74						
15		1		1			75						
16		1		1			76						
17		1		1			77						
18		1		1			78						
19		1		1			79						
20		1		1			80						
21		1		1			81						
22		1		1			82						
23		1		1			83						
24		1		1			84						
25		1		1			85						
26		1		1			86						
27		1		1			87						
28		1		1			88						
29		1		1			89						
30		1		1			90						
31		1		1			91						
32		1		1			92						
33		1		1			93						
34		1		1			94						
35		1		1			95						
36		1		1			96						
37		1		1			97						
38		1		1			98						
39		1		1			99						
40		1		1			100						
41		1		1									
42		1		1									
43		1		1									
44		1		1									
45		1		1									
46		1		1									
47		1		1									
48		1		1									
49		1		1									
50		1		1									
TOTAL IND.	1		1				TOTAL IND.	1					
TOTAL DEP.		1		1			TOTAL DEP.		1				
TOTAL CLAIMS	1	1	1	1			TOTAL CLAIMS	1	1				